



BOB RILEY
Governor

Alabama Medicaid Agency

501 Dexter Avenue
P.O. Box 5624
Montgomery, Alabama 36103-5624
www.medicaid.state.al.us



CAROL A. HERRMANN, MPH
Commissioner

January 26, 2004

Provider Notice 04-01

TO: Medicaid Physicians, Pharmacies, FQHC's, RHC's and Nursing Homes

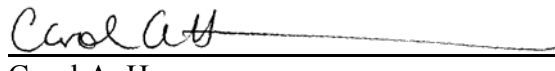
RE: Raptiva® and Xolair®

Effective February 17, 2004, the Alabama Medicaid Agency will require prior authorization (PA) for payment of Raptiva® and Xolair®. The PA request form can be found on the Agency website at www.medicaid.state.al.us. Requests may be faxed, or mailed to:

**Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210
Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130**

PA requests failing to meet Medicaid criteria will be denied. If the prescribing physician believes medical justification should be considered, the physician must submit a written letter of medical justification along with the prior authorization form. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding prior authorization procedures should be directed to the HID help desk at 1-800-748-0130.


Carol A. Herrmann
Commissioner

Distribution

Alabama Independent Drugstore Association	Alabama Pharmacy Coop	State of Alabama Medical Association
Alabama Pharmacy Association	Alabama Retail Association	Medical Association of the State of Alabama
Alabama Primary Healthcare Association	Alabama Nursing Home Association	Alabama Optometric Association

Our Mission - to provide an efficient and effective system of financing health care for our beneficiaries.